

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2		/				52			
3		/				53			
4		/				54			
5		/				55			
6		/				56			
7		/				57			
8		/				58			
9		/				59			
10		/				60			
11		/				61			
12		/				62			
13		/				63			
14		/				64			
15		/				65			
16	/					66			
17		/				67			
18		/				68			
19		/				69			
20		/				70			
21		/				71			
22		/				72			
23		/				73			
24		/				74			
25		/				75			
26		/				76			
27		/				77			
28		/				78			
29						79			
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37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	71					TOTAL IND.			
TOTAL DEP.	26	↔	↓			TOTAL DEP.		↔	↓
TOTAL CLAIMS	28	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS